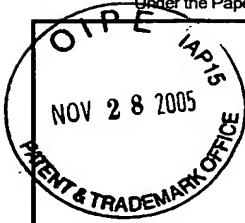


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Application No: 10/659,782

Filing Date: September 11, 2003

Title: Compositions, Reagents And Kits For And Methods Of Diagnosing, Monitoring And Treating Obesity And/Or Diabetes

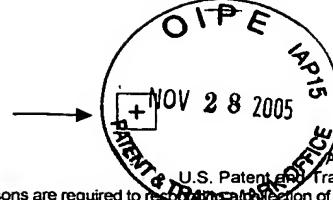
First Named Inventor: Liat Mintz

Attorney Docket: 28238

- Transmittal
- Fee Transmittal
- Amendment, Response To Office Action And Advisory Action and RCE
- Request For Continued Examination (RCE) Transmittal
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PTO/SB/21(08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/659,782
		Filing Date	September 11, 2003
		First Named Inventor	Liat Mintz
		Group Art Unit	1636
		Examiner Name	J. Dunston
Total Number of Pages in This Submission	15	Attorney Docket Number	28238

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<ul style="list-style-type: none">• Request For Continued Examination Transmittal• Cert of Mailing• Receipt Card
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey Safran (Reg. No. 54,689)
Signature	
Date	November 23, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being sent via first class mail to Mailstop: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Cathleen M. Collins		
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

395.00

Complete if Known

Application Number	10/659,782
Filing Date	September 11, 2003
First Named Inventor	Liat Mintz
Examiner Name	J. Dunston
Group / Art Unit	1636
Attorney Docket No.	28238

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number

501447

Deposit Account Name

Potter Anderson & Corroon LLP

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments

 Charge any additional fee(s) during the pendency of this application

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	1000	201	500
106	430	206	215
107	660	207	330
108	1400	208	700
114	200	214	100

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	-20	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3	=		X 200	
Multiple Dependent		X	360		

Large Entity

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
103	50	203	25
102	200	202	100
104	360	204	180
109	200	209	100
110	50	210	25

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	120	215	60
116	450	216	225
117	1020	217	510
118	1,590	218	795
128	2,160	228	1,080
119	500	219	250
120	500	220	250
121	1000	221	500
138	1,510	138	1,510
140	500	240	250
141	1,500	241	750
142	1,400	242	700
143	800	243	400
144	100	244	550
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	790	246	395
149	790	249	395
179	790	279	395
169	900	169	900

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 395.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jeffrey Safran	Registration No. Attorney/Agent)	54,689	Telephone	(302) 984-6132
Signature				Date	November 23, 2005

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